

57381

CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for instructions.
Please type or print clearly. Press Hard.

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

① Manifest Number **015-002318**

GENERATOR (Generator Must Complete)		③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)		④ Alternate TSD Facility		SFUND RECORDS CTR 999000909	
② Name ALUMINUM COMPANY OF AMERICA - VERNON WORKS		Name OPERATING INDUSTRIES, INC.		Name CHEMICAL WASTE MANAGEMENT INC.			
EPA NO. CAD074126681		EPA NO. CAD080012024		EPA NO. CAT000646117			
Address 5151 Alcoa Ave. Phone No. 588-6141		Address 900 N. Potrero Grande Dr.		Address P.O. Box 1104, 430 W. Elm Ave.			
City, State, Zip Vernon, CA 90058		City, State, Zip Monterey Park, CA		City, State, Zip Coalingo, CA 93210			
⑤ U.S. DOT PROPER SHIPPING NAME		U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS NUMBER:	
WASTE						TYPE: <input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS	
WASTE						<input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK	
						<input type="checkbox"/> OTHER	
⑥ WASTE CATEGORY #7		⑦ EX. HAZ. WASTE PERMIT NO.		⑧ GENERATING PROCESS Aluminum Fabrication			
LIST COMPONENTS:		CONC. UPPER	RANGE LOWER	UNITS	CONC. UPPER	RANGE LOWER	UNITS
⑨ A. _____				<input type="checkbox"/> % <input type="checkbox"/> ppm.	E. _____		<input type="checkbox"/> % <input type="checkbox"/> ppm.
B. _____				<input type="checkbox"/> % <input type="checkbox"/> ppm.	F. _____		<input type="checkbox"/> % <input type="checkbox"/> ppm.
C. _____				<input type="checkbox"/> % <input type="checkbox"/> ppm.	G. _____		<input type="checkbox"/> % <input type="checkbox"/> ppm.
D. _____				<input type="checkbox"/> % <input type="checkbox"/> ppm.	Non Hazardous Material 100 %		
⑩ WASTE PROPERTIES: pH 7		<input type="checkbox"/> Toxic	<input type="checkbox"/> Flammable	<input type="checkbox"/> Corrosive/Irritant	<input type="checkbox"/> Reactive	<input type="checkbox"/> Sensitizer	<input type="checkbox"/> Carcinogen/Mutagen
⑪ PHYSICAL STATE: <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Sludge <input type="checkbox"/> Slurry <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Other Aluminum Oxides & Water							
⑫ SPECIAL HANDLING INSTRUCTIONS: <input type="checkbox"/> Gloves <input type="checkbox"/> Goggles <input type="checkbox"/> Respirator <input type="checkbox"/> Other							

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑬

Signature of Authorized Agent and Title

Date Shipped

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME **ASBURY OIL CO.**
EPA NO. **CAD028277036**
ADDRESS **13419 Halldale Avenue** PHONE NO. **(213) 321-1392**
CITY, STATE, ZIP **Gardena, California 90249**

⑮ PICK-UP DATE **6-12-81**TIME **8:45 AM** ☐ AM ☐ PM

⑯

Signature of Authorized Agent and Title

Date

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)

⑰ NAME **Operating TSD Inc** ⑱ QUANTITY (If Measured) **2000**
EPA NO. **CAD080012024** ⑲ STATE FEE (If Any) _____
PHONE NO. _____

⑳ HANDLING OR DISPOSAL METHOD:

- ☐ Surface Impoundment ☒ Landfill
☐ Injection Well ☐ Land Treatment
☐ Treatment (Specify) _____
☐ Recovery or Reuse ☐ Storage/Transfer

㉑ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: _____

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: _____

㉒ NAME _____
EPA NO. _____

㉓

Signature of Authorized Agent and Title

Date Accepted

ORIGINAL